

EXHIBIT B

<u>Deponent</u>	<u>Date</u>	<u>Total</u>
Danielle Markou	10/18/2016 Transcript	\$1,760.45
Richard Leeds	11/1/2016 Transcript	\$740.75
Ben White	10/24/2016 Transcript	\$588
		\$3,089.20

INVOICE

U.S. Legal Support
90 Broad Street
Suite 603
New York, NY 10004
Phone: 877.479.2484 Fax: 877.876.9330

Mark Mancher, Esq
Jackson Lewis PC
58 South Service Road
Suite 250
Melville, NY 11747

Invoice No.	Invoice Date	Job No.
305571	11/17/2016	186015
Job Date	Case No.	
10/24/2016	2:14-cv-07509-SJF-ARL	
Case Name		
Lenzi/Markou v Systemax, Inc.		
Payment Terms		
Due upon receipt		

1 CERTIFIED COPY OF TRANSCRIPT OF:

Ingrid K. Katz

200.00 Pages

700.00

Handling, Processing & Archiving

35.00

Shipping/Delivery

25.00

1 CERTIFIED COPY OF TRANSCRIPT OF:

Benjamin White

168.00 Pages

588.00

TOTAL DUE >>>

\$1,348.00

AFTER 1/1/2017 PAY

\$1,550.20

Thank you for your business!

(-) Payments/Credits:

1,348.00

(+) Finance Charges/Debits:

202.20

(=) New Balance:

0.00

Invoice not paid by due date is subject to interest of 1.5% per month. We will make reasonable efforts to allocate payments properly. U.S. Legal Support may recover any fees and costs it incurs in collecting any unpaid amounts. Any rights regarding allocations, refunds or adjustments after 90 days from payment shall be waived by payer.

Tax ID: 76-0523238

Phone: 631-247-0404 Fax: 631-247-0417

Please detach bottom portion and return with payment.

Mark Mancher, Esq
Jackson Lewis PC
58 South Service Road
Suite 250
Melville, NY 11747

Job No. : 186015 BU ID : 20-NY

Case No. : 2:14-cv-07509-SJF-ARL

Case Name : Lenzi/Markou v Systemax, Inc.

Invoice No. : 305571

Invoice Date : 11/17/2016

Total Due : \$0.00

Remit To: **U.S. Legal Support
P.O. Box 4772-13
Houston, TX 77210-4772**

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____



INVOICE

Page 1

Phone: 212-557-7400

Jackson Lewis P.C.
58 South Service Road
Suite 250
Melville, NY 11747-2346

Invoice #: M-103259
Invoice Date: 12/13/16
Our Order #: NY-103338-01
Customer #: 100998

Attn: MARK MANCHER

Terms: Due upon receipt

Case No: Chubb

CLAIM NUMBER 311987
DEPOSITION TIME 10:05-18:44

Danielle Markou vs. Systemax Inc
Job Date: 10/18/16

Deponent: Danielle Markou
Deposition Transcript-Original-Expedited 6 Days
Delivery - Transcript-Ea-STD

QTY	UNIT	UNIT PRICE	TOTAL
405	PAGE	\$4.30	\$1,741.50
1	EACH	\$18.95	\$18.95

Subtotal: \$1,760.45
Sales Tax \$0.00

Total Invoice USD \$1,760.45

Depo Location: 58 South Service Road
Suite 250
Melville, NY 11747-2346

Thank You. Your Business is appreciated.

REMIT TO:
DTI
PO Box 936158
Atlanta, GA 31193-6158

PLEASE PAY FROM THIS INVOICE
ABA Routing #: 121000248
Beneficiary Account #: 4125126904
Beneficiary Name: DTI

For credit card payments, please visit
<https://ww2.e-billexpress.com/ebpp/DTI>

Tax No: 58-2413793

INVOICE

U.S. Legal Support
90 Broad Street
Suite 603
New York, NY 10004
Phone: 877.479.2484 Fax: 877.876.9330

Invoice No.	Invoice Date	Job No.
305565	11/17/2016	186770
Job Date	Case No.	
11/1/2016	2:14-cv-07509-SJF-ARL	
Case Name		
Lenzl/Markou v Systemax, Inc.		
Payment Terms		
Due upon receipt		

Mark Mancher, Esq
Jackson Lewis PC
58 South Service Road
Suite 250
Melville, NY 11747

1 CERTIFIED COPY OF TRANSCRIPT OF:

Richard Leeds	193.00 Pages	675.50
Exhibit	15.00 Pages	5.25
Handling, Processing & Archiving		35.00
Shipping/Delivery		25.00

TOTAL DUE >>> \$740.75

AFTER 1/1/2017 PAY \$851.86

(-) Payments/Credits: 740.75

(+) Finance Charges/Debits: 111.11

(=) New Balance: 0.00

Thank you for your business!

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Tax ID: 76-0523238

Phone: 631-247-0404 Fax: 631-247-0417

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Mark Mancher, Esq
Jackson Lewis PC
58 South Service Road
Suite 250
Melville, NY 11747

Job No. : 186770 BU ID : 20-NY
Case No. : 2:14-cv-07509-SJF-ARL
Case Name : Lenzi/Markou v Systemax, Inc.

Invoice No. : 305565 Invoice Date : 11/17/2016
Total Due : \$0.00

Remit To: **U.S. Legal Support**
P.O. Box 4772-13
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone #: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____